

983 U.S. PRO
01/08/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	ORAL SEKENDUR
Examiner Name	
Group Art Unit	
Attorney Docket No.	

JCC996 US PRO 09/755231 01/09/01



METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to my Deposit Account Number []

Deposit Account Number []

2. Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	355		
106 320	206 160	Design filing fee			
107 480	207 245	Plant filing fee			
108 710	208 355	Reissue filing fee			
114 150	214 75	Provisional filing fee			

SUBTOTAL (1) (\$ 355)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
[]	[]	[]	-20**	[]	[]
[]	[]	[]	-3**	[]	[]
[]	[]	[]		[]	[]

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20		
102 60	202 40	Independent claims in excess of 20		
104 270	204 135	Multiple dependent claim, if not paid		
108 80	209 40	" Reissue independent claims over original patent		
110 18	210 9	" Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 85	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	190 120	Non-English specification			
147 2,520	147 2,520	For filing a request for ex parte reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 300	216 195	Extension for reply within second month			
117 800	217 445	Extension for reply within third month			
118 1,390	218 695	Extension for reply within fourth month			
128 1,890	228 945	Extension for reply within fifth month			
119 310	219 155	Nature of Appeal			
120 310	220 165	Filing a brief in support of an appeal			
121 270	221 135	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,240	241 620	Petition to revive - unintentional			
142 1,240	242 620	Utility issue fee (or reissue)			
143 440	243 220	Design issue fee			
144 600	244 300	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Processing fee under 37 CFR 1.17(d)			
126 180	126 180	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))			
170 710	270 355	Request for Continued Examination (RCE)			
169 900	169 900	Request for expedited examination of a design application			
Other fee (specify)					

*for number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) (\$)

Reduced by Basic Filing Fee Paid

SUBMITTED BY	Complete if applicable		
Name (Print/Type)	ORAL SEKENDUR	Registration No. (Attorney/Agent)	Telephone 773 880 5574
Signature	Date 12/29/00		

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PTO/SB/21 (08-00)

Approved for use through 10/31/2007 GMR 0851-0113
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number
		Filing Date
		First Named Inventor ORAL SEKENDUR
		Group Art Unit
		Examiner Name
Total Number of Pages in This Submission		Attorney Docket Number

JCS 99 U.S.P.T.O.
09/755231



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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(a)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

ENCLOSED:
UTILITY-PATENT APPL. TRANSMITTAL
CREDIT CARD PAYMENT FORM
DECLARATION FOR UTILITY PATENT APPL.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ORAL SEKENDUR
Signature	
Date	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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